

GROUP HEALTH INSURANCE  
MONTHLY DELETIONS REPORT

Enrollment  
Indicator  
**4**

Wis. Stats. § 40.06, 40.51 (7)

Employer Name		Employer Number <b>69-036-</b>		Agency #	Group/Carrier #		Deduction Month		Coverage Month		
Enrollment Type/Code	Employee Type/Code	EMPLOYEE			(To) Carrier Suffix	Event Date	Effective Date	Contract Type		PREMIUM ADJUSTMENT PREVIOUS MONTH(S)	
		Name (Last, First, Middle I.)	Social Security No.					Birthdate		Single	Family
TOTAL DECREASE IN CONTRACTS											
(Post to Line 3 of the Monthly Coverage Report)											